

TOBACCO LICENSE
LICENSE YEAR IS MAY 1ST THROUGH APRIL 30TH OF THE FOLLOWING YEAR

Print Full Name of Person, Partnership, Corporation, Club or LLC

Doing Business As – Trade Name

Street and street number of premises covered by this application

Town or City & Zip Code

Telephone Number

Mailing Address (if different from above)

Email address _____

FEE

TOBACCO LICENSE- \$100.00 payable to Liquor Control

(There is no fee for tobacco if applying for second class also)

Application is hereby made for a license to sell tobacco under and in accordance with Title 7, Vermont Statutes Annotated, as amended, and certify that all statements, information and answers to questions herein contained are true; and in consideration of such license being granted do promise and agree to comply with all local and state laws; and to comply with all regulations made and promulgated by the Liquor Control Board. Upon hearing, the Liquor Control Board may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Liquor Control Board have been violated, or that any statement, information or answers herein contained are false.

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING.

If this premise was previously licensed, please indicate name _____

I/we are applying as: (please circle one)

INDIVIDUAL

LIMITED LIABILITY COMPANY

PARTNERSHIP

CORPORATION

Please fill in name and address of individual, partners, directors or members.

LEGAL NAME

STREET/CITY/STATE

Are all of the above citizens of the UNITED STATES? ____ Yes ____ No
(Note: Resident Alien is not considered a U.S. Citizen)

If naturalized citizen, please complete the following:

_____	_____	_____
Name	Court where naturalized (City/State/Zip)	Date

CORPORATE INFORMATION:

If you have checked the box marked CORPORATION, please fill out this information for stockholders (attach sheet if necessary).

LEGAL NAME	STREET/CITY/STATE
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Date of incorporation _____ Is corporate charter now valid? _____

Corporate Federal Identification Number _____

Have you registered your corporation and/or trade name with the Town/City Clerk? ____ and/or Secretary of

State? ____ (as required by VSA Title 11 § 1621, 1623 & 1625).

ALL APPLICANTS

HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIMINAL OR MOTOR VEHICLE OFFENSE IN ANY COURT OF LAW (INCLUDING TRAFFIC TICKETS) AT ANY TIME?

____ YES ____ NO

If yes, please complete the following information: (attached sheet if necessary)

_____	_____	_____	_____
Name	Court/Traffic Bureau	Offense	Date

Do any of the applicants hold any elective or appointive state, county, city, village/town office in Vermont? (See VSA, T.7, Ch. 9, §223) YES NO If yes, please complete the following information:

_____	_____	_____
Name	Office	Jurisdiction

Please give name, title and date attended of manager, director, partner or individual who has attended a Liquor Control Licensee Education Seminar, as required by Education Regulation No. 3:

NAME: _____

TITLE: _____

DATE: _____

(If you have not attended an Education Seminar prior to making application, please visit www.liquorcontrol.vermont.gov and click on Seminar Schedule for a list of Seminars in your area)

FOR ALL APPLICANTS: DESCRIPTION /LOCATION OF PREMISES (Section 4)

Description of the premises to be licensed: _____

Does applicant own the premises described? ____ If not owned, does applicant lease the premises? ____

If leased, name and address of lessor who holds title to property: _____

Are you making this application for the benefit of any other party? _____

VERMONT TAX DEPARTMENT: Business Account # _____

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

The applicant(s) understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal repositories prior to acting on this application.

I/We hereby certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, §3113).

In accordance with 21 VSA, §1378 (b) I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

If applicant is applying as an individual: I hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or am in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795).

Dated at _____ in the County of _____ and State of _____,
this _____ day of _____, 20 _____

Corporations/Clubs: Signature of Authorized Agent Individuals/Partners: (All partners must sign)

_____	_____
_____	_____
_____	_____
(Title)	

PLEASE MAIL APPLICATION DIRECTLY TO THE TOWN YOUR BUSINESS IS IN ALONG WITH THE FEE. THE TOWN/CITY CLERK WILL FORWARD APPLICATION AND FEE DIRECTLY TO LIQUOR CONTROL PER TITLE 7, CHAPTER 40, SECTION 1002.

NOTICE: All new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board. Please note that this process can take anywhere from 2 weeks to 6 weeks to complete once Liquor Control receives the application.

Please complete and include with your tobacco license application

Please fill in for Individual, Partners, or Directors

Applicant/s Personal Information

Legal Name:_____ **Address:**_____

Date of Birth_____ **Place of Birth**_____ **Sex**_____ **SS#**_____

Legal Name:_____ **Address:**_____

Date of Birth_____ **Place of Birth**_____ **Sex**_____ **SS#**_____

Legal Name:_____ **Address:**_____

Date of Birth_____ **Place of Birth**_____ **Sex**_____ **SS#**_____

Legal Name:_____ **Address:**_____

Date of Birth_____ **Place of Birth**_____ **Sex**_____ **SS#**_____

Legal Name:_____ **Address:**_____

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Legal Name:_____ **Address:**_____

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Legal Name:_____ **Address:**_____

Date of Birth_____ **Place of Birth**_____ **Sex**_____ **SS#**_____

Legal Name:_____ **Address:**_____

Date of Birth_____ **Place of Birth**_____ **Sex**_____ **SS#**_____

Legal Name:_____ **Address:**_____

Date of Birth_____ **Place of Birth**_____ **Sex**_____ **SS#**_____